

PS Form 3811, July 2013 Domestic Return Receipt	
2. Article Number (Transfer from service label) 7014 3490/0000 3246 2472	1. Article Addressed to: U.S. Attorney General Attn: Eric Holder 450 Pennsylvania Avenue, NW Washington, DC 20530
3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	SENDER: COMPLETE THIS SECTION
B. Received by (Printed Name) C. Date of Delivery A. Signature <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent	
COMPLETE THIS SECTION ON DELIVERY	

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

David A. Stebbins
123 W. Ridge St.
APT D
Harrison, AR 72601